

Form RMFT-5-X Page 2

Follow our instructions for **each** column.

As originally reported or adjusted

Column 1 Gasoline & combustible gases	Column 2 Special fuel except dyed diesel fuel	Column 3 Dyed diesel fuel
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Corrected amounts

Column 1 Gasoline & combustible gases	Column 2 Special fuel except dyed diesel fuel	Column 3 Dyed diesel fuel
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Step 6: Figure your tax

19 Figure your gross tax due. If the amount of Line 18 is greater than zero, write the amount from Line 18. Otherwise, write "0" in Lines 19 - 21 within the column.

a Column 1, Line 18 X 0.19. Write the result in Column 1, Line 19.

b Column 2, Line 18 X 0.215. Write the result in Column 2, Line 19.

19 \$ _____ \$ _____ //

\$ _____ \$ _____ //

20 If you originally filed and paid your tax due on time, figure your collection discount. See instructions.

Note: If you are increasing the amount of tax due, you **may not** increase the amount of your discount **unless** the increased tax due is paid on or before the due date of the original return. If you are decreasing the amount of tax due, refigure the amount of the discount to which you are entitled based on your new figures.

20 \$ _____ \$ _____ //

\$ _____ \$ _____ //

21 Subtract Line 20 from Line 19. This is your net tax due by fuel type.

21 \$ _____ \$ _____ //

\$ _____ \$ _____ //

22 Add Column 1, Line 21 and Column 2, Line 21. This is your **tax due**.

22 \$ _____

\$ _____

Step 7: Figure the amount you owe

23 Complete this line if you have a motor fuel tax (MFT) credit you wish to apply to Line 22, tax due.

MFT credit no. _____

MFT credit amt. \$ _____ \$ _____ \$ _____ \$ _____

Add these MFT credit amounts and write the total on Line 23.

23 \$ _____

\$ _____

24 Subtract Line 23 from Line 22.

24 \$ _____

\$ _____

25 Total amount paid to date for this reporting period.

25 \$ _____

26 If Line 24, Corrected Amounts Column, is greater than Line 25, subtract Line 25 from Line 24, Corrected Amounts Column. This is the **amount you owe**.

26 \$ _____

27 If Line 24, Corrected Amounts Column, is less than Line 25, subtract Line 24, Corrected Amounts Column, from Line 25. If you want to claim a credit, you must complete Step 9.

27 \$ _____

Step 8: Sign and date your amended return

Under penalties of perjury, I state that I have examined this amended return and, to the best of my knowledge, it is true, correct, and complete.

Signature of person, other than taxpayer, who prepared this return _____ Date _____

Taxpayer's name _____

Preparer's phone number _____

Signature and title of taxpayer _____ Date _____

Mail this return and payment to: Illinois Department of Revenue, PO Box 19019, Springfield, IL 62794-9019

Step 9: Complete your claim for credit

Complete Lines 28 through 30 if you are claiming a credit.

28 Explain below why the amount for which the claim is filed is alleged to be a mistake of fact or an error in law. Attach additional sheets if you need more space to write in.

29 Are you a party to any civil suits involving the above amounts? yes no

If yes, what is the name of the suit? _____

30 Sign below

Signature of claimant _____

Title (State whether owner, partner, or authorized agent) _____

Official use only. Do **not** write in this box.

Credit memo no. _____
Credit amount _____
Interest _____
Total _____
Verified by _____
Date _____
Approved by _____
Date _____

